PA	TENT	APPLICAT		ORI		Application or Docke: Number						
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
TOTAL	CLAIMS	;	(Column 1) (Colum			lumn 21 .	TYPE			OF	SMALI	<del></del>
FOR			NUMBER FILED NU			IBER EXTRA	RATI				RATE	FEE
TOTAL CHARGEABLE CLAIMS			20			10			-	- OF	BASIC FE	19/10
INDEPENDENT CLAIMS			11			10		XS 9=		RO	X\$18=	180
		NDENT CLAIM	<del></del>	H minus 3 =			1	X43≈		OR	X86≥	180
<del></del>	<del></del> -	<u> </u>						-145z	1	OR	- 290=	
the dif	ference	in column 1 is	less than 2	ess than zero, enter "0" in column 2			,	TOTAL		OR	TOTAL	1118
7737	dy C	(Column 1)	AMENDE	MENDED - PART II			<u>.</u>	SMALL	ENTITY	OR	OTHER SMALL	
Total Indepe	•	CLAIMS REMAINING AFTER AMENDMENT		MIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		· 30	Minus		20			XS 9*		OR	X\$18=	
Indepe	ependent • 4 Minus		· 4		•	]	X43= ·	<del>                                     </del>	OR	X86±		
FIRST	PAESE	NTATION OF M	ULTIPLE DE	TIPLE DEPENDENT CLAIM			<b>!</b>			1		
							L	+145=	<del> </del>	OR	+290=	
		(Caluma 4)			- <b>-</b> •	ini	A	ODIT. FEE		JOR .	ADDIT. FEE	
5.22	ióc	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ST ER SLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total		. 30,	Minus	- 7/	<del>"</del>		1	XS 9.	FEE		X\$18#	FEE
Total Inceper	ndent	. *	Minus	U	7	• \	<b> </b> -	7.	<u> </u>	OR	<del>\</del>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X43+		OR	X86=	
• ===				•			V	+145=	4	OR	+290=	
		-				•	· A	TOTAL DOIT. FEE		OR ,	TOTAL DDIT. FEEL	
·	<del></del>	(Column 1)	<del></del> ,			(Column 3)		<u> </u>		_		
		REMAINING AFTER AMENDMENT	, 	HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total		•	Minus	**		<b>5</b>	r	X\$ 9=		ا ۾	X\$18=	
Indepen	dent	•	Minus	440		•	-			OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .								X43=		OR	X86=	
								+145=		OR	+290=	. [
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously-Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DIT. FEE		OR	TOTAL	
The "High	iesi Numb	ber Previously Pai er Previously Paid	d For" IN THIS For" (Total or	SPACE is le Independent	ss than is the l	i 3, enter "3," highést number		_	ropriate box			